

Case Number:	CM15-0007064		
Date Assigned:	01/26/2015	Date of Injury:	02/25/2005
Decision Date:	03/24/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a male who sustained an industrial related injury on 2/25/05. The injured worker had complaints of neck, bilateral shoulder, low back, and elbow pain. Treatment included cervical and lumbar epidural steroid injections. Diagnoses included bilateral shoulder subacromial impingement, cervical spine sprain, lumbar sprain, aggravation ligamentous low back sprain with right S1 radiculopathy, aggravation cervical spine sprain without radiculopathy, bilateral cubital ulnar tunnel, right knee medial meniscal derangement and aggravation right shoulder. The treating physician requested authorization of 12 physical therapy sessions for the lumbar spine 2x6 for displacement of thoracic or lumbar intervertebral disc without myelopathy as an outpatient. On 12/22/14 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was a lack of appropriate and comprehensive documentation regarding the areas listed in the requested treatment. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

12 Physical Therapy for The Lumbar Spine, 2 Times A Week for 6 Weeks, for Submitted Diagnosis of Displacement of Thoracic or Lumbar Intervertebral Disc without Myelopathy, As An Outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. This injured worker has been injured for 10 years. Prior physical therapy is not described with the total number of sessions and response to treatment. The status of a home exercise program is not described. There is no rationale regarding additional therapy at this time. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for 12 Physical Therapy for The Lumbar Spine, 2 Times A Week for 6 Weeks, for Submitted Diagnosis of Displacement of Thoracic or Lumbar Intervertebral Disc without Myelopathy, As An Outpatient is determined to not be medically necessary.